



Commonwealth
of Massachusetts

Center for Health
Information and Analysis

All Payer Claims Database Data Volume Reports

2008 - 2012

March 2013

The Commonwealth of Massachusetts established an All Payer Claims Database (APCD) in 2010 as one of the largest data collection efforts undertaken by the state. Regulation 114.5 CMR 21.00, Health Care Payer Claims Data Submissions, requires health insurance payers to submit medical, pharmacy, and dental claims, as well as information about member eligibility, benefit design, and providers to the Center for Health Information and Analysis (CHIA) for Massachusetts residents. The goals of the APCD are to provide administrative simplification to payers and to provide access to timely, accurate, and relevant data for improving quality, mitigating costs, and promoting transparency in the health care delivery system.

The charts below depict the number of records submitted to the Center as of December 2012 by health insurance payers. These Data Volume Reports are a concise way of presenting the amount of APCD data collected by year and file type.

Please feel free to submit any questions related to the reports to the Center's APCD mailbox: CHIA-APCD@state.ma.us.

Thank you for your interest in the All Payer Claims Database.

Commonwealth of Massachusetts-Center for Health Information and Analysis (CHIA)
APCD Data Volume Reports 2008-2012 (based on data received by 12/19/2012)

United Healthcare Student Resources														
File Type*	Submission Year	January	February	March	April	May	June	July	August	September	October	November	December	Total
PR	2010	0	0	0	0	0	0	0	0	0	0	0	214	214
PR	2011	0	0	214	0	214	219	0	0	251	0	0	240	1138
PR	2012	0	0	238	0	0	238	0	0	250				726
ME	2009	0	0	0	0	0	0	0	0	0	0	0	59,919	59919
ME	2010	0	0	0	0	0	0	0	0	0	0	0	74,764	74764
ME	2011	27,371	27,145	27,152	27,163	27,203	28,000	26,563	27,751	25,285	25,314	25,319	25,349	319,615
ME	2012	28,637	28,558	28,626	84,354	84,596	85,378	84,186	81,728	80,440	83,658	84,426		754,587
PV	2011	30,210	31,169	32,383	33,420	34,568	35,900	36,790	37,739	38,563	40,509	42,829	45,941	440,021
PV	2012	48,880	51,730	54,298	57,037	59,611	61,712	63,547	65,591	66,843	68,223	69,672		667,144
MC	2008	2,999	2,969	4,005	7,075	3,903	4,737	3,709	4,027	3,810	5,668	4,083	6,375	53,360
MC	2009	7,251	5,365	8,165	8,857	8,656	10,022	10,218	7,063	7,114	7,172	7,836	8,518	96,237
MC	2010	7,944	8,104	9,302	8,215	7,490	8,586	8,901	7,998	8,530	8,203	10,996	13,097	107,366
MC	2011	11,783	11,633	15,094	13,209	12,649	14,742	12,656	10,797	8,732	14,156	15,098	20,644	161,193
MC	2012	23,247	23,288	25,594	25,047	28,365	26,981	23,645	25,545	16,131	18,946	20,831		257,620
PC	2008	0	0	0	0	0	1,115	1,534	638	250	29	739	6	4311
PC	2009	2,301	1,764	47	36	225	1,915	62	131	931	1,588	1,967	3,139	14,106
PC	2010	2,056	2,346	2,496	2,391	2,593	2,437	3,272	1,722	2,151	3,348	3,753	5,884	34,449
PC	2011	3,772	4,077	4,190	4,419	4,493	6,182	3,665	3,049	2,462	3,675	4,687	8,107	52,778
PC	2012	5,558	6,178	6,734	6,991	11,313	6,619	6,626	6,022	3,836	3,657	7,363		70,897
DC	2008	0	0	0	0	0	0	0	0	0	0	0	0	0
DC	2009	0	0	0	0	0	0	0	0	0	0	0	0	0
DC	2010	0	0	0	0	0	0	0	0	0	0	0	0	0
DC	2011	0	0	0	0	0	0	0	0	0	0	0	0	0
DC	2012	0	0	0	0	0	0	0	0	0	0	0	0	0

***Key:** PR=Product Records; ME=Member Eligibility Records; PV=Provider Records; MC=Medical Claim Lines; PC=Pharmacy Claim Lines; and DC=Dental Claim Lines.

The Volume Report presents the APCD inventory as of December 2012 and reflects the related compliance requirements:

- Medical, pharmacy, and dental submissions are required monthly beginning January 2008.
- Provider submissions are required monthly beginning January 2011. The May 2011 submission contains historical records from 2008 through May 2011.
- Product submissions are required quarterly beginning December 2010. The May 2011 submission contains historical records from 2008 through 2010 plus 2011, quarter one.
- Member eligibility submissions are required monthly beginning in January 2011. Prior to 2011, payers were required to submit two eligibility files: a December 2009 eligibility submission covering calendar years 2008 and 2009, and a December 2010 eligibility submission covering calendar years 2009 and 2010. Eligibility files contain data for twenty-four months of member eligibility.
- The APCD liaisons monitor and enforce compliance rules and authorize exceptions. Some carriers have incomplete data due to: exemptions from filing, limited claim or member base, phasing into APCD and are currently in testing or ramping up their production data filings, are in the process of updating specific submissions, and /or non-compliance.

These numbers represent the number of records submitted, not actual counts of members, providers, products or claims.









